Case 18-10824-BFK Doc 19 Filed 03/27/18 Entered 03/27/18 20:55:45 Desc Main Document Page 1 of /0

	17(7(11))	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
rmation to identify your	case:		
Emma A Ellis-On	nane		
First Name	Middle Name	Last Name	
First Name	Middle Name	Last Name	
ankruptcy Court for the:	EASTERN DISTRICT C	F VIRGINIA	
18-10824			
	Emma A Ellis-On First Name  First Name  ankruptcy Court for the:	Emma A Ellis-Omane First Name Middle Name  First Name Middle Name  Ankruptcy Court for the: EASTERN DISTRICT C	Emma A Ellis-Omane First Name Middle Name Last Name First Name Middle Name Last Name  Ankruptcy Court for the: EASTERN DISTRICT OF VIRGINIA

#### Official Form 106Sum

#### Summary of Your Assets and Liabilities and Certain Statistical Information

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new Summary and check the box at the top of this page

	t 1: Summarize Your Assets		
		Your a	ssets of what you own
1.	Schedule A/B: Property (Official Form 106A/B) 1a. Copy line 55, Total real estate, from Schedule A/B	\$	585,000.00
	1b. Copy line 62, Total personal property, from Schedule A/B	\$	26,627.00
	1c. Copy line 63, Total of all property on Schedule A/B	\$	611,627.00
Pai	t 2: Summarize Your Liabilities		
			abilities It you owe
2.	Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D)  2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D	\$	450,000.00
3.	Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F	\$	0.00
	3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F	\$	2,464.00
	Your total liabilities	\$	452,464.00
Pai	t 3: Summarize Your Income and Expenses		
4.	Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I	\$	6,613.65
5.	Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J	\$	4,525.00
Pai	t 4: Answer These Questions for Administrative and Statistical Records		
6.	Are you filing for bankruptcy under Chapters 7, 11, or 13?  No. You have nothing to report on this part of the form. Check this box and submit this form to the court with you	ır other sc	hedules.
7.	Yes What kind of debt do you have?		
	Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a bounded purpose "11 LLS C. § 101(9). Fill out lines 9 On for statistical purposes 29 LLS C. § 150	a personal	, family, or

household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

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Debtor 1 Emma A Ellis-Omane

Page 2 of 40 Case number (if known) 18-10824

From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form \$ 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.

7,786.50

Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

From Part 4 on Schedule E/F, copy the following:	Total clai	m
9a. Domestic support obligations (Copy line 6a.)	\$	0.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$	0.00
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$	0.00
9d. Student loans. (Copy line 6f.)	\$	0.00
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$	0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$	0.00
9g. <b>Total.</b> Add lines 9a through 9f.	\$	0.00

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Debtor 1	Ouse I	J 1002+ D	1 K D00 13	Dο	cument Page 3 of 40	1710 20.00.40	Descrivani
Debtor 2 (Spoose, 8 filing)  Pirst Name  Middle Name  Last Name  United States Bankruptcy Court for the: EASTERN DISTRICT OF VIRGINIA  Case number  18-10824    Check if this is at amended filing    Check if this is an amen	Fill in this informat	tion to identify	your case and th				
Debtor 2 [Spouse, Iffling) First Name	Debtor 1	Emma A Elli	s-Omane				
United States Bankruptcy Court for the: EASTERN DISTRICT OF VIRGINIA  Case number 18-10824		First Name	Middle	Name	Last Name		
United States Bankruptcy Court for the: EASTERN DISTRICT OF VIRGINIA  Case number 18-10824		First Name	Middle	Name	Last Name		
Case number 18-10824		runtey Court for	the: FASTERN	DISTR	CT OF VIRGINIA		
Difficial Form 106A/B Schedule A/B: Property  12/15  12/16	ormod Otatoo Barma	aptoy Count for			<u> </u>	<del></del>	
Difficial Form 106A/B Schedule A/B: Property  12/15  neach category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where you hink it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct filing together, both are equally responsible for supplying correct more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known).  1.1 Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest in  1.2 Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest in  1.3 Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest in  1.4 Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest in  1.5 Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest in  1.6 Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest in  1.7 Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest in  1.6 Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest in  1.7 Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest in  1.8 Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest in  1.9 Describe Each Residence, Building, Land, or Other Residence, Building, Land, or Similar property?  1.1 Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest in  1.0 Describe Each Residence, Building, Land, or Other Real Estate, You Own or Have an Interest in  1.0 Describe Each Residence, Building, Land, or Other Residence, Building, Land, or Similar Property?  1.1 Describe Each Residence, Building, Land, or Other Residence, Building, Land, or O	Case number 18-	-10824					
neach category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where you hink it fits best. Be as complete and accurate as possible. If two married people are filling together, both are equally responsible for supplying correct nformation. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Inswer every question.    Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest in   Do you own or have any legal or equitable interest in any residence, building, land, or similar property?   No. Go to Part 2.							amended ming
reach category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where you nink it fits best. Be as complete and accurate as possible. If two married people are filling together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known).    Part II	<b>℃</b>	- 400 A /D					
The each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where you whink it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct normation. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). In more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). In more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). In more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). In more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). In more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). In more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). In more space, are fill in the special pages, write your name and case number (if known). In more space, are fill in the special pages, write your name and case number (if known). In more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). In the accurate sheet to this form. On the top of any additional pages, write your name and case number (if known).     1.1	_	_	-				
Part 1: Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest In    Do you own or have any legal or equitable interest in any residence, building, land, or similar property?	Schedule	A/B: Pr	operty				12/15
Part 1: Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest In  Do you own or have any legal or equitable interest in any residence, building, land, or similar property?  No. Go to Part 2.  Yes. Where is the property?  What is the property? Check all that apply  Street address, if available, or other description  Woodbridge VA 22193-0000 City State ZIP Code  Prince William  Prince William  County  What is the property? Check all that apply  Single-family home Duplex or multi-unit building Condominium or cooperative  Manufactured or mobile home Land Describe the nature of your ownership interest in the property? Check on a life estate), if known.  Tenants-by-the-Entirety  Prince William County  Other information you wish to add about this item, such as local	hink it fits best. Be a	s complete and a	ccurate as possibl	e. If two	married people are filing together, both are e	equally responsible for su	upplying correct
Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest In  Do you own or have any legal or equitable interest in any residence, building, land, or similar property?  No. Go to Part 2.  Yes. Where is the property?  1.1  14527 General Washington Drive  Street address, if available, or other description  Woodbridge  VA  22193-0000  City  State  ZIP Code  Manufactured or mobile home  Land  Manufactured or mobile home  Land  Manufactured or mobile home  Current value of the entire property?  S585,000.00  \$585,000.00  \$585,000.00  \$585,000.00  \$585,000.00  Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, or a life estate), if known.  Tenants-by-the-Entirety  Check if this is community property (see instructions)  Other information you wish to add about this item, such as local			attach a separate sl	neet to t	his form. On the top of any additional pages,	write your name and cas	e number (if known).
. Do you own or have any legal or equitable interest in any residence, building, land, or similar property?    No. Go to Part 2.					Service Victor Control of the Contro		
The state of the property?  What is the property? Check all that apply  Street address, if available, or other description  Woodbridge VA 22193-0000  City State ZIP Code  Prince William  County  What is the property? Check all that apply  Single-family home Duplex or multi-unit building Condominium or cooperative  Manufactured or mobile home Land Property? Check one Debtor 1 only  Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, of a life estate), if known.  Tenants-by-the-Entirety  Check if this is community property	Part 1: Describe Eac	ch Residence, Bi	ulding, Land, or Ot	ner Rea	Estate You Own or Have an Interest In		
Yes. Where is the property?	. Do you own or hav	e any legal or eq	uitable interest in a	ny resid	lence, building, land, or similar property?		
## What is the property? Check all that apply    Street address, if available, or other description	☐ No. Go to Part 2.						
Single-family home	Yes. Where is th	e property?					
Single-family home							
Single-family home							
Street address, if available, or other description    Duplex or multi-unit building   Condominium or cooperative				Wha	t is the property? Check all that apply		
Woodbridge VA 22193-0000  City State ZIP Code Investment property S585,000.00  Timeshare Other Other Store Villiam  Prince William  County Condominium or cooperative  Manufactured or mobile home Current value of the entire property? \$585,000.00  Current value of the entire property? \$585,000.00  \$585,000.00  \$585,000.00  \$585,000.00  \$585,000.00  Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, or a life estate), if known.  Tenants-by-the-Entirety  Check if this is community property (see instructions)  Other information you wish to add about this item, such as local					Single-family home		
Woodbridge VA 22193-0000  City State ZIP Code   Land   Land   S585,000.00   S585,000.00    Timeshare   Other   Who has an interest in the property? Check one   Debtor 1 only    Prince William   Debtor 2 only   At least one of the debtors and another    Other information you wish to add about this item, such as local	Street address, if av	/allable, or other des	cription		· •		
Woodbridge VA 22193-0000  City State ZIP Code Investment property \$585,000.00 \$585,000.00  Timeshare Other Who has an interest in the property? Check one Debtor 1 only  Prince William  County Debtor 1 and Debtor 2 only  At least one of the debtors and another Other information you wish to add about this item, such as local  Current value of the entire property? check one portion you own?  \$585,000.00  \$585,000.00  \$585,000.00  \$585,000.00  \$585,000.00  \$Tenants-by-the-Entirety  Check if this is community property (see instructions)					Condominium or cooperative		
City   State   ZIP Code   Investment property   \$585,000.00   \$585,00					Manufactured or mobile home	Current value of the	Current value of the
Prince William  County  Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, of a life estate), if known.  Tenants-by-the-Entirety  Check if this is community property (see instructions)  Check if this is community property (see instructions)  Other information you wish to add about this item, such as local	Woodbridge	VA	22193-0000		Land		
Prince William  County  Debtor 1 and Debtor 2 only  Debtor 1 and Debtors and another  At least one of the debtors and another  Other  Other  Who has an interest in the property? Check one a life estate), if known.  Tenants-by-the-Entirety  Check if this is community property (see instructions)  Other information you wish to add about this item, such as local	City	State	ZIP Code			\$585,000.00	\$585,000.0
Who has an interest in the property? Check one Debtor 1 only  Prince William  County  Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Other information you wish to add about this item, such as local				_			•
Prince William  County  □ Debtor 2 only □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Check if this is community property (see instructions)  Other information you wish to add about this item, such as local							ancy by the entireties, o
County  Debtor 1 and Debtor 2 only  At least one of the debtors and another  Other information you wish to add about this item, such as local					Debtor 1 only	Tenants-by-the-En	tirety
At least one of the debtors and another  Check if this is community property (see instructions)  Other information you wish to add about this item, such as local		ım			,		
Other information you wish to add about this item, such as local	County				,	☐ Check if this is con	nmunity property
·				611		(see instructions)	
						, such as local	
					-		

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases.

2. Add the dollar value of the portion you own for all of your entries from Part 1, including any entries for

pages you have attached for Part 1. Write that number here.......>>

Official Form 106A/B Schedule A/B: Property page 1

Part 2: Describe Your Vehicles

\$585,000.00

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Debtor 1 **Emma A Ellis-Omane** 3. Cars, vans, trucks, tractors, sport utility vehicles, motorcycles ☐ No Yes Do not deduct secured claims or exemptions. Put Honda Make: Who has an interest in the property? Check one the amount of any secured claims on Schedule D: Oddysey ■ Debtor 1 only Creditors Who Have Claims Secured by Property. Model: Year: 2003 Debtor 2 only Current value of the Current value of the Approximate mileage: Debtor 1 and Debtor 2 only entire property? portion you own? Other information: At least one of the debtors and another Location: 14527 General \$4,000.00 \$4,000.00 Washington Drive, Woodbridge ☐ Check if this is community property (see instructions) VA 22193 Do not deduct secured claims or exemptions. Put Honda 3.2 Make: Who has an interest in the property? Check one the amount of any secured claims on Schedule D: **Pilot** Model: Debtor 1 only Creditors Who Have Claims Secured by Property. Year: 2004 Debtor 2 only Current value of the Current value of the Approximate mileage: Debtor 1 and Debtor 2 only entire property? portion you own? Other information: ☐ At least one of the debtors and another Location: 14527 General \$4.000.00 \$4,000.00 Washington Drive, Woodbridge ☐ Check if this is community property (see instructions) **VA 22193** Do not deduct secured claims or exemptions. Put Honda 3.3 Make: Who has an interest in the property? Check one the amount of any secured claims on Schedule D: Accord Model: Debtor 1 only Creditors Who Have Claims Secured by Property. 2003 Debtor 2 only Year: Current value of the Current value of the Approximate mileage: entire property? portion you own? Debtor 1 and Debtor 2 only Other information: At least one of the debtors and another Location: 14527 General \$3,000.00 \$3,000.00 ☐ Check if this is community property Washington Drive, Woodbridge (see instructions) **VA 22193** 4. Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories ■ No ☐ Yes 5 Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for \$11,000.00 pages you have attached for Part 2. Write that number here..... Part 3: Describe Your Personal and Household Items Do you own or have any legal or equitable interest in any of the following items? Current value of the portion you own? Do not deduct secured claims or exemptions. 6. Household goods and furnishings Examples: Major appliances, furniture, linens, china, kitchenware □ No Yes. Describe..... Microwave, Dining Set, Kitchen Tables & Chairs, Refrigerator, Washer, Cabinet, Armoir, Sofa, TV, VCR/DVD Player, Entertainment Center, Lamps, Beds, Dressers, Stero, Night Stands, Desk, \$4.500.00 **Computer and Radio** 

Official Form 106A/B Schedule A/B: Property page 2

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Part 4: Describe Your Financial Assets

Do you own or have any legal or equitable interest in any of the following?

Current value of the portion you own?
Do not deduct secured claims or exemptions.

Official Form 106A/B Schedule A/B: Property page 3

Page 6 of 40 Document Case number (if known) 18-10824 Debtor 1 **Emma A Ellis-Omane** 16. Cash Examples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition □ No \$30.00 Cash on hand 17. Deposits of money Examples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each. □ No Institution name: ■ Yes..... **Suntrust Bank** \$290.00 17.1. Checking **Bank of America** \$540.00 17.2. Checking 18. Bonds, mutual funds, or publicly traded stocks Examples: Bond funds, investment accounts with brokerage firms, money market accounts ■ No Institution or issuer name: ☐ Yes..... 19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture No ☐ Yes. Give specific information about them..... Name of entity: % of ownership: 20. Government and corporate bonds and other negotiable and non-negotiable instruments Negotiable instruments include personal checks, cashiers' checks, promissory notes, and money orders. Non-negotiable instruments are those you cannot transfer to someone by signing or delivering them. ☐ Yes. Give specific information about them Issuer name: 21. Retirement or pension accounts Examples: Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans □ No Yes. List each account separately. Type of account: Institution name: 401k 401k \$9.117.00 22. Security deposits and prepayments Your share of all unused deposits you have made so that you may continue service or use from a company Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others No ☐ Yes. ..... Institution name or individual: 23. Annuities (A contract for a periodic payment of money to you, either for life or for a number of years) No ☐ Yes..... Issuer name and description. 24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program. 26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1). ■ No Institution name and description. Separately file the records of any interests.11 U.S.C. § 521(c): ☐ Yes.....

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25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit  No   Yes. Give specific information about them  26. Patents, copyrights, trademarks, trade secrets, and other intellectual property	De	ebtor 1	Emma A Ellis-Omane	Document	Page 7 of 40 Case number (if known)	8-10824
Yes. Give specific information about them  25. Patents, copyrights, trademarks, trade secrets, and other intellectual property	25.	Trusts,	equitable or future interests in property	(other than anything	g listed in line 1), and rights or powers exerc	isable for your benefit
26. Patents, copyrights, trademarks, trade secrets, and other intellectual property  Examples: Internet domain names, websites, proceeds from royalties and licensing agreements  No  Yes. Give specific information about them  27. Licenses, franchises, and other general intangibles  Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses  No  Yes. Give specific information about them  Money or property owed to you?  Current value of the portion you own?  On tol deduct secure claims or exemptions.  28. Tax refunds owed to you  No  Yes. Give specific information about them, including whether you already filed the returns and the tax years  29. Family support  Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement  No  Yes. Give specific information  30. Other amounts someone owes you  Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; upaid loans you made to someone else  No  Yes. Give specific information  Interests in insurance company of each policy and list its value.  Company name:  Company name:  Beneficiany:  Surrender or refund value:  20. Any interest in property that is due you from someone who has died  If you are the beneficary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died.  No  Yes. Give specific information  31. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment Examples: Accidents, employment disputes, insurance claims, or rights to sue  No  Yes. Describe each claim						
Examples: Internet domain names, websites, proceeds from royalties and licensing agreements    No		⊔ Yes.	Give specific information about them			
Yes. Give specific information about them  27. Licenses, franchises, and other general intangibles	26.	_Examp				
Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses  No   Yes. Give specific information about them    No   Yes. Give specific information about them, including whether you already filed the returns and the tax years   No   Yes. Give specific information about them, including whether you already filed the returns and the tax years   No   Yes. Give specific information about them, including whether you already filed the returns and the tax years   No   Yes. Give specific information			Give specific information about them			
Money or property owed to you?  Current value of the portion you own?  Do not deduct secure claims or exemptions.  8. Tax refunds owed to you  No Yes. Give specific information about them, including whether you already filed the returns and the tax years  29. Family support  Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement  No Yes. Give specific information  30. Other amounts someone owes you  Examples: Unpaid vages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else  No Yes. Give specific information  31. Interests in insurance policies  Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance  No Yes. Name the insurance company of each policy and list its value.  Company name:  Beneficiary:  Surrender or refund value:  22. Any interest in property that is due you from someone who has died  If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died.  No Yes. Give specific information  33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment  Examples: Accidents, employment disputes, insurance claims, or rights to sue  No Yes. Describe each claim		Examp ■ No	les: Building permits, exclusive licenses, co		holdings, liquor licenses, professional licenses	
portion you own? Do not deduct securec claims or exemptions.  28. Tax refunds owed to you  No Yes. Give specific information about them, including whether you already filed the returns and the tax years  29. Family support  Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement  No Yes. Give specific information  30. Other amounts someone owes you  Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else  No Yes. Give specific information.  31. Interests in insurance policies  Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance  No Yes. Name the insurance company of each policy and list its value.  Company name:  Beneficiary:  Surrender or refund value:  22. Any interest in property that is due you from someone who has died  If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died.  No Yes. Give specific information.  33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment  Examples: Accidents, employment disputes, insurance claims, or rights to sue  No Yes. Describe each claim		☐ Yes.	Give specific information about them			
No	M	oney or p	property owed to you?			portion you own? Do not deduct secured
29. Family support  Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement  No  Yes. Give specific information  30. Other amounts someone owes you  Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else  No  Yes. Give specific information  11. Interests in insurance policies  Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance  No  Yes. Name the insurance company of each policy and list its value.  Company name:  Beneficiary:  Surrender or refund value:  32. Any interest in property that is due you from someone who has died  If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died.  No  Yes. Give specific information  33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment  Examples: Accidents, employment disputes, insurance claims, or rights to sue  No  Yes. Describe each claim	28.		unds owed to you			
Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement  No  Yes. Give specific information  30. Other amounts someone owes you  Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else  No  Yes. Give specific information  31. Interests in insurance policies  Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance  No  Yes. Name the insurance company of each policy and list its value.  Company name:  Beneficiary:  Surrender or refund value:  32. Any interest in property that is due you from someone who has died  If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died.  No  Yes. Give specific information  33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment Examples: Accidents, employment disputes, insurance claims, or rights to sue  No  Yes. Describe each claim		_	Give specific information about them, includ	ling whether you alrea	ady filed the returns and the tax years	
30. Other amounts someone owes you  Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else  No Yes. Give specific information  31. Interests in insurance policies  Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance  No Yes. Name the insurance company of each policy and list its value.  Company name: Beneficiary: Surrender or refund value:  32. Any interest in property that is due you from someone who has died If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died.  No Yes. Give specific information  33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment Examples: Accidents, employment disputes, insurance claims, or rights to sue  No Yes. Describe each claim	29.	Examp	• •	l support, child suppo	rt, maintenance, divorce settlement, property se	ettlement
Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else  No Yes. Give specific information  11. Interests in insurance policies  Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance  No Yes. Name the insurance company of each policy and list its value.  Company name: Beneficiary: Surrender or refund value:  12. Any interest in property that is due you from someone who has died If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died.  No Yes. Give specific information  33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment  Examples: Accidents, employment disputes, insurance claims, or rights to sue  No Yes. Describe each claim		☐ Yes. (	Give specific information			
<ul> <li>Yes. Give specific information.</li> <li>31. Interests in insurance policies</li></ul>	30.	Examp	les: Unpaid wages, disability insurance pay		efits, sick pay, vacation pay, workers' compensa	ation, Social Security
Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance  No Yes. Name the insurance company of each policy and list its value. Company name: Beneficiary: Surrender or refund value:  32. Any interest in property that is due you from someone who has died If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died. No Yes. Give specific information  33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment Examples: Accidents, employment disputes, insurance claims, or rights to sue No Yes. Describe each claim			Give specific information			
Yes. Name the insurance company of each policy and list its value.  Company name:  Beneficiary:  Surrender or refund value:  32. Any interest in property that is due you from someone who has died  If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died.  No Yes. Give specific information  33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment Examples: Accidents, employment disputes, insurance claims, or rights to sue  No Yes. Describe each claim	31.	_Examp		lth savings account (F	HSA); credit, homeowner's, or renter's insurance	)
<ul> <li>32. Any interest in property that is due you from someone who has died If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died. ■ No □ Yes. Give specific information </li> <li>33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment Examples: Accidents, employment disputes, insurance claims, or rights to sue ■ No □ Yes. Describe each claim </li> </ul>			Name the insurance company of each polic	y and list its value.		
If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died.  ■ No □ Yes. Give specific information  33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment Examples: Accidents, employment disputes, insurance claims, or rights to sue ■ No □ Yes. Describe each claim			Company name:		Beneficiary:	
<ul> <li>☐ Yes. Give specific information</li> <li>33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment Examples: Accidents, employment disputes, insurance claims, or rights to sue</li> <li>■ No</li> <li>☐ Yes. Describe each claim</li> </ul>	32.	If you a	re the beneficiary of a living trust, expect pr			e property because
Examples: Accidents, employment disputes, insurance claims, or rights to sue  ■ No □ Yes. Describe each claim		_	Give specific information			
☐ Yes. Describe each claim	33.	_Examp				
34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims		_	Describe each claim			
■ No			ontingent and unliquidated claims of evo	ery nature, including	counterclaims of the debtor and rights to s	et off claims
☐ Yes. Describe each claim			Describe each claim			
35. Any financial assets you did not already list	35.	Any fin	ancial assets you did not already list			
■ No □ Yes. Give specific information			Give specific information			

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Case 18-10824-BFK Doc 19 Filed 03/27/18 Entered 03/27/18 20:55:45 Desc Main Document

Page 8 of 40 Case number (if known) 18-10824 **Emma A Ellis-Omane** Debtor 1 Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached \$9,977.00 for Part 4. Write that number here..... Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1. 37. Do you own or have any legal or equitable interest in any business-related property? No. Go to Part 6. ☐ Yes. Go to line 38. Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In. If you own or have an interest in farmland, list it in Part 1. 46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property? No. Go to Part 7. ☐ Yes. Go to line 47. Describe All Property You Own or Have an Interest in That You Did Not List Above Part 7: 53. Do you have other property of any kind you did not already list? Examples: Season tickets, country club membership No ☐ Yes. Give specific information....... 54. Add the dollar value of all of your entries from Part 7. Write that number here ...... \$0.00 List the Totals of Each Part of this Form Part 8: 55. Part 1: Total real estate, line 2 ...... \$585,000.00 Part 2: Total vehicles, line 5 \$11,000.00 57. Part 3: Total personal and household items, line 15 \$5,650.00 Part 4: Total financial assets, line 36 \$9,977.00 Part 5: Total business-related property, line 45 \$0.00 60. Part 6: Total farm- and fishing-related property, line 52 \$0.00 Part 7: Total other property not listed, line 54 61. \$0.00 Total personal property. Add lines 56 through 61... \$26,627.00 Copy personal property total \$26,627.00

Official Form 106A/B Schedule A/B: Property page 6

63. Total of all property on Schedule A/B. Add line 55 + line 62

\$611,627.00

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			$\cdots$			
Fill in this inform	mation to identify your	case:				
Debtor 1 Emma A Ellis-Omane						
	First Name	Middle Name	Last Name			
Debtor 2						
(Spouse if, filing)	First Name	Middle Name	Last Name			
United States Ba	nkruptcy Court for the:	EASTERN DISTRICT C	F VIRGINIA			
	18-10824					
(if known)						

### Official Form 106C

## Schedule C: The Property You Claim as Exempt

4/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

Part 1: Id	entify the	Property	/ You C	Claim as	Exemp	١t
------------	------------	----------	---------	----------	-------	----

1.	Which set of exemptions are	you claiming?	Check one only,	even if y	our spouse is filing	g with you.
----	-----------------------------	---------------	-----------------	-----------	----------------------	-------------

- You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
- ☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)

2. For any property you list on Schedule A/B that you claim as exempt, fill in the information below.

Current value of the portion you own	Am	ount of the exemption you claim	Specific laws that allow exemption
Copy the value from Schedule A/B	Che	eck only one box for each exemption.	
\$585,000.00		100%	11 USC 522(b)(3)(B); William Peyton 104 F.3d 688
		100% of fair market value, up to any applicable statutory limit	
\$4,000.00		\$4,000.00	Va. Code Ann. § 34-26(8)
		100% of fair market value, up to any applicable statutory limit	
\$4,000.00		\$10.00	Va. Code Ann. § 34-4
		100% of fair market value, up to any applicable statutory limit	
\$4,000.00		\$2,000.00	Va. Code Ann. § 34-26(8)
		100% of fair market value, up to any applicable statutory limit	
\$4,000.00		\$2,000.00	Va. Code Ann. § 34-4
		100% of fair market value, up to	
	\$4,000.00	\$4,000.00  \$4,000.00  \$4,000.00	\$585,000.00  \$585,000.00  \$100% of fair market value, up to any applicable statutory limit  \$4,000.00  \$4,000.00  \$100% of fair market value, up to any applicable statutory limit  \$4,000.00  \$100% of fair market value, up to any applicable statutory limit  \$4,000.00  \$100% of fair market value, up to any applicable statutory limit  \$4,000.00  \$2,000.00  \$2,000.00  \$4,000.00  \$2,000.00

Case 18-10824-BFK Doc 19 Filed 03/27/18 Entered 03/27/18 20:55:45 Desc Main Document Page 10 of 40 Case number (if known) Debtor 1 Emma A Ellis-Omane 18-10824 Brief description of the property and line on Current value of the Amount of the exemption you claim Specific laws that allow exemption Schedule A/B that lists this property portion you own Copy the value from Check only one box for each exemption. Schedule A/B 2003 Honda Accord Va. Code Ann. § 34-4 \$3,000.00 \$1,400.00 **Location: 14527 General Washington** Drive, Woodbridge VA 22193 100% of fair market value, up to Line from Schedule A/B: 3.3 any applicable statutory limit Microwave, Dining Set, Kitchen Va. Code Ann. § 34-26(4a) \$4,500.00 \$4,500.00 Tables & Chairs, Refrigerator, Washer, Cabinet, Armoir, Sofa, TV, 100% of fair market value, up to **VCR/DVD Player, Entertainment** any applicable statutory limit Center, Lamps, Beds, Dressers, Stero, Night Stands, Desk, Computer and Radio Line from Schedule A/B: 6.1 Camera Va. Code Ann. § 34-4 \$150.00 \$150.00 Line from Schedule A/B: 7.1 100% of fair market value, up to any applicable statutory limit Va. Code Ann. § 34-26(4) Wearing apparel \$700.00 \$700.00 Line from Schedule A/B: 11.1 100% of fair market value, up to any applicable statutory limit Rings, Earrings, Necklaces, Va. Code Ann. § 34-4 \$300.00 \$300.00 Costume Jewelry Line from Schedule A/B: 12.1 100% of fair market value, up to any applicable statutory limit Cash on hand Va. Code Ann. § 34-4 \$30.00 \$30.00 Line from Schedule A/B: 16.1 100% of fair market value, up to any applicable statutory limit Checking: Suntrust Bank Va. Code Ann. § 34-4 \$290.00 \$290.00 Line from Schedule A/B: 17.1 100% of fair market value, up to any applicable statutory limit Checking: Bank of America Va. Code Ann. § 34-4 \$540.00 \$540.00 Line from Schedule A/B: 17.2 П 100% of fair market value, up to

any applicable statutory limit

100% of fair market value, up to any applicable statutory limit

100%

		, арригания станов.,
3.	Are you claiming a homestead exemption of more than \$160,375?	
	(Subject to adjustment on 4/01/19 and every 3 years after that for cases fi  ■ No	iled on or after the date of adjustment.)
	☐ Yes. Did you acquire the property covered by the exemption within 1	,215 days before you filed this case?
	□ No	
	☐ Yes	

\$9,117.00

401k: 401k

Line from Schedule A/B: 21.1

Va. Code Ann. § 34-34

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			Document	Page 11	of 40		
Fill	in this informa	ation to identify you	r case:				
Deb	tor 1	Emma A Ellis-O	mane				
		First Name	Middle Name	Last Name			
	tor 2 use if, filing)	First Name	Middle Name	Last Name			
Unit	ed States Bank	kruptcy Court for the:	EASTERN DISTRICT OF VIR	RGINIA			
Cas	e number 18	3-10824					
(if kno		5-10024				☐ Check	if this is an
						ameno	led filing
Offi	icial Form	106D					
			Who Have Claims	Secured	by Propert	y	12/15
is ne			If two married people are filing toge out, number the entries, and attach				
	, ,	ave claims secured by	your property?				
	☐ No. Check t	this box and submit the	nis form to the court with your other	er schedules. Yo	ou have nothing else t	o report on this form.	
	Yes. Fill in a	all of the information	below.				
Part	List All	Secured Claims					
			more than one secured claim, list the c		Column A	Column B	Column C
	h as possible, list	t the claims in alphabetion	a particular claim, list the other credite cal order according to the creditor's na		Amount of claim  Do not deduct the value of collateral.	Value of collateral that supports this claim	Unsecured portion If any
2.1	Wells Farge   Mortgage	o Home	Describe the property that secure	s the claim:	\$450,000.00	\$585,000.00	\$0.00
	Creditor's Name  P.O. Box 10  Des Moines		14527 General Washingtor Woodbridge, VA 22193 Pr William County As of the date you file, the claim is	n Drive ince			
	50306-0335	•	apply.  Contingent				
	Number, Street, C	City, State & Zip Code	☐ Unliquidated				
\A/I	the deb	10.01	Disputed				
_	o owes the deb	t? Check one.	Nature of lien. Check all that apply ☐ An agreement you made (such a		urod		
	Debtor 1 only Debtor 2 only		car loan)	is mortgage or sec	ureu		
	Debtor 1 and Deb	otor 2 only	☐ Statutory lien (such as tax lien, m	nechanic's lien)			
_		e debtors and another	☐ Judgment lien from a lawsuit				
	Check if this clai community deb		Other (including a right to offset)	Mortgage			
Date	debt was incur	rred	Last 4 digits of account nu	mber			
Ad	d the dollar valu	ue of vour entries in C	olumn A on this page. Write that nu	mber here:	\$450,00	00.00	
If t	his is the last pa	age of your form, add	the dollar value totals from all page		\$450,00		
vvr	ite that number	nere:			<b>¥</b> 133,03		
Part	2: List Othe	ers to Be Notified fo	r a Debt That You Already Liste	ed			
tryin than	g to collect from	n you for a debt you o	e notified about your bankruptcy fo we to someone else, list the credito you listed in Part 1, list the addition is page.	r in Part 1, and th	nen list the collection a	gency here. Similarly, if	you have more
	Name, Number	er, Street, City, State & 2 White. PC	Zip Code	On whic	ch line in Part 1 did you e	nter the creditor? 2.1	
		orate Woods Driv	ve .	Last 4 d	ligits of account number	_	
	Virginia Be	each, VA 23452-4	377				

Official Form 106D

Case 18-10824-BFK Doc 19 Filed 03/27/18 Entered 03/27/18 20:55:45 Desc Main Document Page 12 of 40 Fill in this information to identify your case: Debtor 1 **Emma A Ellis-Omane** Middle Name Last Name First Name Debtor 2 (Spouse if, filing) First Name Middle Name Last Name United States Bankruptcy Court for the: EASTERN DISTRICT OF VIRGINIA Case number 18-10824 (if known) ☐ Check if this is an amended filing Official Form 106E/F Schedule E/F: Creditors Who Have Unsecured Claims Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Property (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G). Do not include any creditors with partially secured claims that are listed in Schedule D: Creditors Who Have Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. If you have no information to report in a Part, do not file that Part. On the top of any additional pages, write your name and case number (if known). Part 1: List All of Your PRIORITY Unsecured Claims 1. Do any creditors have priority unsecured claims against you? No. Go to Part 2. ☐ Yes. Part 2: List All of Your NONPRIORITY Unsecured Claims 3. Do any creditors have nonpriority unsecured claims against you? No. You have nothing to report in this part. Submit this form to the court with your other schedules. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2 **Total claim** 4.1 Inova Last 4 digits of account number 9355 \$2,464.00 Nonpriority Creditor's Name P.O. Box 37013 When was the debt incurred? Baltimore, MD 21297 Number Street City State ZIp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated ☐ Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes Medical Bill Other. Specify Part 3: List Others to Be Notified About a Debt That You Already Listed

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

#### Part 4: Add the Amounts for Each Type of Unsecured Claim

Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

> **Total Claim Domestic support obligations** 6a. 0.00

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Debtor 1 Em	ma A I	Ellis-Omane Document Pag	Case r	number (if know)	18-10824
Total claims					
from Part 1	6b.	Taxes and certain other debts you owe the government	6b.	\$	0.00
	6c.	Claims for death or personal injury while you were intoxicated	6c.	\$	0.00
	6d.	Other. Add all other priority unsecured claims. Write that amount he	ere. 6d.	\$	0.00
	6e.	Total Priority. Add lines 6a through 6d.	6e.	\$	0.00
					Claim
Total	6f.	Student loans	6f.	\$	0.00
claims	6~	Obligations evisions out of a consention agreement or diverse the	-4		
rom Part 2	6g.	Obligations arising out of a separation agreement or divorce the you did not report as priority claims	iat 6g.	\$	0.00
	6h.	Debts to pension or profit-sharing plans, and other similar deb	<b>ts</b> 6h.	\$	0.00
	6i.	<b>Other.</b> Add all other nonpriority unsecured claims. Write that amour here.	nt 6i.	\$	2,464.00
	6j.	Total Nonpriority. Add lines 6f through 6i.	6j.	\$	2,464.00

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		1200	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
Fill in this info	rmation to identify your	case:		
Debtor 1	Emma A Ellis-On	nane		
	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States E	Bankruptcy Court for the:	EASTERN DISTRICT O	F VIRGINIA	
Case number	18-10824			
(if known)				

### Official Form 106G

## **Schedule G: Executory Contracts and Unexpired Leases**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
  - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
  - ☐ Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

	Person or	company with Name, Number	whom you have the Street, City, State and ZIF	e contract or lease	State what the contract or lease is for
2.1					
	Name				
	Number	Street			_
	City		State	ZIP Code	<u> </u>
2.2					
	Name				
	Number	Street			_
	City		State	ZIP Code	<u> </u>
2.3	Oity		Otato	Zii Oode	
	Name				
	Number	Street			_
	City		State	ZIP Code	_
2.4	,				
	Name				_
	Number	Street			_
	City		State	ZIP Code	_
2.5	•				
	Name				_
	Number	Street			
	City		State	ZIP Code	<u> </u>

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		Docume	nt Page 15 o	f 40	
Fill in this	information to identify your	case:			
Debtor 1	Emma A Ellis-On				
Debtor 2	First Name	Middle Name	Last Name		
(Spouse if, fili	ng) First Name	Middle Name	Last Name		
United Sta	ates Bankruptcy Court for the:	EASTERN DISTRICT O	F VIRGINIA		
Case num	ber <b>18-10824</b>				
(if known)					Check if this is an amended filing
O((; - ; -	I F 400I I				Ç
	l Form 106H	-1-1			
Scned	lule H: Your Cod	eptors			12/15
people are ill it out, a our name	filing together, both are equ	ally responsible for supp boxes on the left. Attach Answer every question.	lying correct informati the Additional Page to	on. If more space is r this page. On the to	ate as possible. If two married needed, copy the Additional Page, p of any Additional Pages, write
_	,	, o a a. og a jo o ao o , o	io not not ound, opodos	ao a coaca	
■ No □ Yes	_				
□ Yes	5				
	hin the last 8 years, have you na, California, Idaho, Louisiana				
■ No.	. Go to line 3.				
☐ Yes	s. Did your spouse, former spo	use, or legal equivalent live	with you at the time?		
in line Form	e 2 again as a codebtor only i	f that person is a guarant	or or cosigner. Make s	sure you have listed t	g with you. List the person shown he creditor on Schedule D (Official Schedule E/F, or Schedule G to fill
	Column 1: Your codebtor Name, Number, Street, City, State and Z	IP Code		Column 2: The cre Check all schedule	editor to whom you owe the debt es that apply:
3.1				☐ Schedule D, lin	ne
	Name			☐ Schedule E/F,	
				☐ Schedule G, lir	ne
	Number Street City	State	ZIP Code	_	
3.2				Schedule D, lin	
	Name			☐ Schedule E/F,☐ Schedule G, lir	
-	Number Street			_	

State

City

ZIP Code

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	in this information to identif	f						ı				
	in this information to identifutor 1 Emm	a A Ellis-C										
	otor 2  ouse, if filing)											
Uni	ted States Bankruptcy Cou	rt for the:	EASTERN DISTRICT	OF VIR	GINIA							
Cas	se number 18-10824							Check i	f this is:			
(If kr	nown)								amende	J		
											postpetition chapte lowing date:	٢
0	fficial Form 106	<u>l</u>						MM	/ DD/ Y	YYY		
S	chedule I: You	r Incon	ne								12	/15
atta Par	use. If you are separated ch a separate sheet to thi	s form. On										
1.	Fill in your employment information.	i .	Debtor 1		r 1			С	Debtor 2	or non-fili	ng spouse	
	If you have more than one attach a separate page w		Employment status  Employed  Not employed		■ Employed			•	■ Emplo	yed		
	information about addition employers.	1611			☐ Not employed							
			ccupation	Nurs	9				Self-Employed			
	Include part-time, season self-employed work.		mployer's name	Dulle	s Rehab			Accountant				
	Occupation may include sor homemaker, if it applie		mployer's address		Centreville R don, VA 2017							
		н	ow long employed th	nere?	1 Year				1:	5 Years		
Pai	t 2: Give Details Ab	out Monthl	y Income									
	mate monthly income as use unless you are separate		you file this form. If y	ou have	nothing to repo	ort for	any I	ine, write \$	0 in the	space. Incl	ude your non-filing	
	u or your non-filing spouse e space, attach a separate			mbine th	ne information f	or all e	mplo	oyers for the	at perso	n on the lin	es below. If you nee	d
								For Debto	or 1	For Deb	tor 2 or ig spouse	
2.	List monthly gross wag deductions). If not paid n					2.	\$	3,8	71.49	\$	0.00	
3	Estimate and list month	ly overtime	nav			3	+\$		0.00	+\$	0.00	

3,871.49

\$

0.00

Calculate gross Income. Add line 2 + line 3.

Debt	tor 1	Emma A Ellis-Omane	_	C	Case number (if ki	nown)	18-10	824	
					For Debtor 1			Debtor 2 or filing spouse	9
	Cop	by line 4 here	4.		\$ 3,871	1.49	\$	0.0	
5.	List	all payroll deductions:							
	5a.	Tax, Medicare, and Social Security deductions	5a	١.	\$ 630	0.15	\$	0.0	0
	5b.	Mandatory contributions for retirement plans	5b			0.00	\$	0.0	
	5c.	Voluntary contributions for retirement plans	5c	:.		0.00	\$	0.0	
	5d.	Required repayments of retirement fund loans	5d	١.	\$	0.00	\$	0.0	
	5e.	Insurance	5e	٠.	\$ 725	5.62	\$	0.0	00
	5f.	Domestic support obligations	5f.			0.00	\$	0.0	0
	5g.	Union dues	5g			0.00	\$	0.0	
	5h.	Other deductions. Specify: 401k	5h	.+	\$ 193	3.57	+ \$	0.0	00_
6.		I the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.		\$1,549		\$	0.0	
7.	Cal	culate total monthly take-home pay. Subtract line 6 from line 4.	7.		\$2,322	2.15	\$	0.0	0
8.	List 8a.	all other income regularly received:  Net income from rental property and from operating a business, profession, or farm  Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a	1	\$	0.00	\$	4,291.5	so.
	8b.	Interest and dividends	8b		<u> </u>	0.00	\$	0.0	
	8c.	Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce			<u> </u>	<u> </u>		0.0	. <u></u>
		settlement, and property settlement.	8c	:.	\$	0.00	\$	0.0	0
	8d.		8d		·	0.00	\$	0.0	
	8e.	Social Security	8e	٠.		0.00	\$	0.0	
	8f.	Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.  Specify:	e 8f.		\$	0.00	\$	0.0	00
	8g.	Pension or retirement income	 8g	١.	\$	0.00	\$	0.0	00
	8h.	Other monthly income. Specify:	8h	.+	\$	0.00	+ \$	0.0	0
9.	Add	d all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$	6	0.00	\$	4,291.	50
10.	Cal	culate monthly income. Add line 7 + line 9.	10.	\$	2,322.15	+ \$	4 20	91.50 = \$	6,613.65
		I the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.		<b>–</b>	2,022.10			71.00	0,010.00
11.	State Included the other Double	te all other regular contributions to the expenses that you list in Schedule ude contributions from an unmarried partner, members of your household, your er friends or relatives.  not include any amounts already included in lines 2-10 or amounts that are not exify:	depe					chedule J. 11. +\$	0.00
12.		If the amount in the last column of line 10 to the amount in line 11. The resident that amount on the Summary of Schedules and Statistical Summary of Certain lies						12. \$	6,613.65
13.	Do	you expect an increase or decrease within the year after you file this form	?						hly income
		No.							
	$\overline{}$	Yes. Explain:							

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					1		
Fill in this inf	formation to identify yo	ur case:					
Debtor 1	Emma A Ellis	s-Omane	)		Che	ck if this is: An amended filing	
Debtor 2						•	wing postpetition chapter
(Spouse, if filing	ng)				_	13 expenses as of	the following date:
United States	Bankruptcy Court for the:	EASTE	RN DISTRICT OF VIRGIN	IA		MM / DD / YYYY	
Case number (If known)	18-10824						
Official	Form 106J				•		
	ule J: Your I	Exper	ises				12/1
Be as compinformation number (if I	olete and accurate as I. If more space is nec known). Answer ever Describe Your House	possible eded, atta y questio	. If two married people ar ich another sheet to this				
1. Is this	a joint case?						
	Go to line 2.  Does Debtor 2 live i	n a separ	ate household?				
	☐ No☐ Yes. Debtor 2 mus	t file Offic	ial Form 106J-2, <i>Expense</i> s	for Separate House	ehold of Deb	otor 2.	
2. <b>Do yo</b> u	ı have dependents?	□ No					
•	list Debtor 1 and	Yes.	Fill out this information for each dependent	Dependent's relat Debtor 1 or Debto		Dependent's age	Does dependent live with you?
Do not	state the						□ No
	lents names.			Son		16	■ Yes
							□ No
							☐ Yes
							□ No
							☐ Yes
							□ No □ Yes
3. Do you	ır expenses include		No	-			□ 1 <i>e</i> 5
expens	ses of people other the lf and your depender	nan _	Yes				
Estimate yo	s of a date after the b	ur bankr	ly Expenses uptcy filing date unless y y is filed. If this is a supp				
Include exp the value of (Official For	such assistance and	on-cash d have ind	government assistance in cluded it on Schedule I: Y	f you know our Income		Your exp	enses
	ntal or home ownersl nts and any rent for the		nses for your residence. In or lot.	nclude first mortgag	e 4. :	\$	3,075.00
If not i	ncluded in line 4:						
4a. F	Real estate taxes				4a.	\$	0.00
4b. F	Property, homeowner's	, or renter	's insurance		4b.	\$	0.00
	Home maintenance, re				4c.	·	30.00
	Homeowner's associati		dominium dues		4d.	\$ •	43.00

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Debtor '	Emma A	Ellis-Omane	Case num	ber (if known)	18-10824
6. <b>Ut</b> i	lities:				
6a.		heat, natural gas	6a.	\$	190.00
6b	•	wer, garbage collection	6b.	\$	90.00
6c.		e, cell phone, Internet, satellite, and cable services	6c.	·	160.00
6d.	•		6d.		0.00
		ekeeping supplies	7.	·	450.00
		children's education costs	7. 8.	\$	
-			o. 9.	·	0.00
	-	ry, and dry cleaning		\$	30.00
	•	products and services	10.		30.00
		ntal expenses	11.	\$	90.00
		Include gas, maintenance, bus or train fare.	12.	\$	90.00
	not include ca			·	
		clubs, recreation, newspapers, magazines, and books	13.		5.00
		ributions and religious donations	14.	Φ	0.00
-	surance.	ourones deducted from your new or included in lines 4 or 00			
		surance deducted from your pay or included in lines 4 or 20.	150	<b>c</b>	0.00
	a. Life insura		15a.		0.00
_	b. Health ins		15b.	· -	0.00
	c. Vehicle ins		15c.		242.00
		rance. Specify:	15d.	\$	0.00
_		clude taxes deducted from your pay or included in lines 4 or 20.		_	
	ecify:		16.	\$	0.00
		ease payments:			
17	a. Car payme	ents for Vehicle 1	17a.	\$	0.00
17	<ol> <li>Car payme</li> </ol>	ents for Vehicle 2	17b.	\$	0.00
17	c. Other. Spe	ecify:	17c.	\$	0.00
17	d. Other. Spe	ecify:	17d.	\$	0.00
8. <b>Yo</b>	ur payments	of alimony, maintenance, and support that you did not report as	<u> </u>		
		your pay on line 5, Schedule I, Your Income (Official Form 106I).		\$	0.00
9. <b>Ot</b> l	her payments	s you make to support others who do not live with you.		\$	0.00
Sp	ecify:		19.		
		erty expenses not included in lines 4 or 5 of this form or on Sch	edule I: Yo	our Income.	
20	a. Mortgages	s on other property	20a.	\$	0.00
20	b. Real estate	e taxes	20b.	\$	0.00
20	c. Property, h	nomeowner's, or renter's insurance	20c.	\$	0.00
		ice, repair, and upkeep expenses	20d.	\$	0.00
		er's association or condominium dues	20e.		0.00
_		of a accordance of controllinating adoc	206.	·	
i. Ot	her: Specify:			<b>-</b> φ	0.00
2. <b>Ca</b>	lculate your r	monthly expenses			
	a. Add lines 4	• •		\$	4,525.00
22	o. Copy line 22	2 (monthly expenses for Debtor 2), if any, from Official Form 106J-2		\$	-,
		a and 22b. The result is your monthly expenses.		\$	/ EDE 00
22	J. Auu IIIIE ZZ	a and 220. The result is your monthly expenses.		φ	4,525.00
3. <b>Ca</b>	lculate your r	monthly net income.			
	-	12 (your combined monthly income) from Schedule I.	23a.	\$	6,613.65
		monthly expenses from line 22c above.	23b.		4,525.00
20	23p, ,oui		200.		7,020.00
23	c. Subtract v	our monthly expenses from your monthly income.			
20		is your monthly net income.	23c.	\$	2,088.65
	5 100011			L	
24. <b>Do</b>	you expect a	an increase or decrease in your expenses within the year after y	ou file this	form?	
For	example, do yo	ou expect to finish paying for your car loan within the year or do you expect you			ease or decrease because c
		terms of your mortgage?			
	No.				
	Yes.	Explain here:			
		1			

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Fill in this info	ormation to identify your	case:			
Debtor 1	Emma A Ellis-On				
<b>5</b> 17 6	First Name	Middle Name	Last Name		
Debtor 2 (Spouse if, filing)	First Name	Middle Name	Last Name		
(Opodoo II, IIIIIIg)	Thorreamo	Wildele Hame	Edot Namo		
United States E	Bankruptcy Court for the:	EASTERN DISTRICT O	OF VIRGINIA		
Case number	18-10824				
(if known)					☐ Check if this is an
					amended filing
Official For	rm 106Dec				
		ا مینامانینا می	Dabtarla Ca	shoduloo	
Declara	tion About a	in individual	Deptor's 50	cneaules	12/15
obtaining mon		n connection with a ban			ement, concealing property, or 0, or imprisonment for up to 20
Si	gn Below				
Did you p	pay or agree to pay some	one who is NOT an atto	ney to help you fill out	bankruptcy forms?	
■ No					
☐ Yes.	Name of person				kruptcy Petition Preparer's Notice,
				Declaration,	and Signature (Official Form 119)
	nalty of perjury, I declare are true and correct.	that I have read the sum	mary and schedules file	ed with this declaratio	on and
X /s/ En	nma A Ellis-Omane		X		
	a A Ellis-Omane		Signature o	f Debtor 2	
Signat	ture of Debtor 1				
Date	March 27 2018		Date		

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Fill i	n this inform	nation to identify you	r case:			
Debt	or 1	Emma A Ellis-O		LastName		
Debt	or 2	First Name	Middle Name	Last Name		
	se if, filing)	First Name	Middle Name	Last Name		
Unite	ed States Bar	nkruptcy Court for the:	EASTERN DISTRICT OF	VIRGINIA		
Case	e number 1	8-10824				
(if kno	wn)				_	theck if this is an mended filing
Off	<u>icial Fo</u>	rm 107				
Sta	tement	of Financial	Affairs for Individ	duals Filing for B	ankruptcy	4/16
infori	mation. If m per (if knowr	ore space is needed, n). Answer every que	attach a separate sheet to	this form. On the top of any	equally responsible for sup additional pages, write you	
		current marital statu				
	■ Married □ Not mar	ried				
			lived enveybore other than	where you live new?		
2. I	During the la	ist 3 years, have you	lived anywhere other than	where you live now !		
	■ No □ Yes. Lis	t all of the places you l	ived in the last 3 years. Do no	ot include where you live now	<i>'</i> .	
	Debtor 1 Pri	ior Address:	Dates Debtor 1 lived there	Debtor 2 Prior Ad	dress:	Dates Debtor 2 lived there
					ity property state or territory co, Texas, Washington and W	
	■ No					
	■ No □ Yes. Ma	ke sure vou fill out <i>Sch</i>	nedule H: Your Codebtors (Of	ficial Form 106H).		
Part		n the Sources of You	,	,		
ıaıı	LAPIAN	in the Sources of Tou	i ilicollie			
ı	Fill in the tota	I amount of income yo	nployment or from operatin u received from all jobs and a have income that you receive	all businesses, including part-		ndar years?
	□ No					
Ī	_	in the details.				
			Debtor 1		Debtor 2	
			Sources of income	Gross income	Sources of income	Gross income
			Check all that apply.	(before deductions and exclusions)	Check all that apply.	(before deductions and exclusions)
		of current year until d for bankruptcy:	■ Wages, commissions, bonuses, tips	\$11,295.00	☐ Wages, commissions, bonuses, tips	\$18,859.00
			☐ Operating a business		Operating a business	

Official Form 107

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Debtor 1 Emma A Ellis-Omane

				Debtor 1		Debtor 2		
				Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Sources of inc Check all that a		Gross income (before deductions and exclusions)
		dar year: December :	31, 2017 )	■ Wages, commissions, bonuses, tips	\$51,840.00	☐ Wages, combonuses, tips	missions,	\$93,418.00
				☐ Operating a business		Operating a	business	
		dar year bet December :		■ Wages, commissions, bonuses, tips	\$34,067.00	☐ Wages, combonuses, tips	missions,	\$65,000.00
				☐ Operating a business		Operating a	business	
2 V L	and other winnings.  List each some No	public benef If you are fili	it payments; ng a joint cas he gross inco	er that income is taxable. Exa pensions; rental income; inter e and you have income that y me from each source separat	est; dividends; money collector received together, list it constituted to the constitute of the consti	eted from lawsuits; only once under De	royalties; an ebtor 1.	
				Debtor 1		Debtor 2		
				Sources of income Describe below.	Gross income from each source (before deductions and exclusions)	Sources of inc Describe below		Gross income (before deductions and exclusions)
Part	3: List	t Certain Pa	yments You	Made Before You Filed for I	Bankruptcy			
6. <i>A</i>	Are eithe	r Debtor 1's	or Debtor 2	s debts primarily consumer	debts?			
	□ No.	Neither De	btor 1 nor D	ebtor 2 has primarily consupersonal, family, or househol	imer debts. Consumer debt	s are defined in 11	U.S.C. § 10	11(8) as "incurred by an
		_	90 days befo	re you filed for bankruptcy, di	d you pay any creditor a tota	ıl of \$6,425* or mo	re?	
		□ No.	Go to line 7					
		□ Yes	paid that cre	each creditor to whom you pai editor. Do not include paymen payments to an attorney for th	its for domestic support oblig			
		* Subject t	to adjustment	on 4/01/19 and every 3 years	s after that for cases filed on	or after the date of	f adjustment	t.
	Yes.			r both have primarily consure you filed for bankruptcy, di		al of \$600 or more?	,	
		■ No.	Go to line 7					
		□ Yes	include pay	each creditor to whom you pai ments for domestic support of this bankruptcy case.				
	Creditor'	s Name and	l Address	Dates of payme	nt Total amount	Amount you	Was this	payment for

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Debtor 1 Emma A Ellis-Omane

7.	Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider?  Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony.									
	Yes. List all payments to an insider.									
	Insider's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Reason for	this payment				
3.	Within 1 year before you filed for bankruptor insider? Include payments on debts guaranteed or cosignate in the payments of the payments to an insider insider.		nents or transfer a	ny property on a	eccount of a d	ebt that benefited an				
	Insider's Name and Address	Dates of payment	Total amount	Amount you still owe	Reason for	this payment				
Por	rt 4: Identify Legal Actions, Repossessions	and Forcelogues	paid	Still Owe	include cred	iitoi s name				
9.	Within 1 year before you filed for bankrupto List all such matters, including personal injury of modifications, and contract disputes.  No Yes. Fill in the details.  Case title					t or custody				
	Case number	Nature of the oase	ocurr or agency		Otatas of th					
10.	Within 1 year before you filed for bankruptc Check all that apply and fill in the details below  No. Go to line 11.  ☐ Yes. Fill in the information below.		rty repossessed, f	oreclosed, garnis	shed, attached					
	Creditor Name and Address	Describe the Property			Date Value of the propert					
11.	Within 90 days before you filed for bankrupt accounts or refuse to make a payment beca  ■ No □ Yes. Fill in the details.		uding a bank or fir	nancial institution	n, set off any a	nmounts from your				
	Creditor Name and Address	Describe the action the	creditor took		action was	Amount				
12.	Within 1 year before you filed for bankruptc court-appointed receiver, a custodian, or an □ No □ Yes		rty in the possess	takei		efit of creditors, a				
Pai	t 5: List Certain Gifts and Contributions									
13.	Within 2 years before you filed for bankrupt  ■ No □ Yes. Fill in the details for each gift.	cy, did you give any gifts	with a total value	of more than \$60	00 per person	?				
	Yes. Fill in the details for each gift.  Gifts with a total value of more than \$600 per person	Describe the gifts		Date the g	s you gave jifts	Value				
	Person to Whom You Gave the Gift and Address:									

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Debtor 1 Emma A Ellis-Omane Document Page 24 of 40 Case number (if known)	18-10824	3-10824
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14.	Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity?  No									
	Yes. Fill in the details for each gift or Gifts or contributions to charities that more than \$600 Charity's Name Address (Number, Street, City, State and ZIP Co	total	on.  Describe what you contributed		Dates you contributed	Value				
Par	t 6: List Certain Losses									
15.	Within 1 year before you filed for bankr or gambling?	uptcy or	since you filed for bankruptcy, did y	ou lose anytl	ning because of thef	t, fire, other disaster,				
	■ No □ Yes. Fill in the details.									
	Describe the property you lost and how the loss occurred	Include	the amount that insurance has paid. Loc claims on line 33 of Schedule A/B:	ist pending	Date of your Value of proplets					
Par	t 7: List Certain Payments or Transfe									
16.	Within 1 year before you filed for bankr consulted about seeking bankruptcy or Include any attorneys, bankruptcy petition	r preparin	g a bankruptcy petition?			rty to anyone you				
	No  No  Vec Fill in the details									
	Yes. Fill in the details.  Person Who Was Paid Address Email or website address Person Who Made the Payment, if Not	You	Description and value of any propertransferred	Date payment or transfer was made	Amount of payment					
	Nathan Fisher 3977 Chain Bridge Rd., #2 Fairfax, VA 22030-3308	Tou	\$1000.00	March 2018	\$1,000.00					
	DECAF 114 Goliad Street Fort Worth, TX 76126		\$30.00		March 2018	\$30.00				
17.	Within 1 year before you filed for bankr promised to help you deal with your cro Do not include any payment or transfer the	editors or	to make payments to your creditors		r transfer any prope	rty to anyone who				
	■ No □ Yes. Fill in the details.									
	Person Who Was Paid Address		Description and value of any propertransferred	Date payment or transfer was made	Amount of payment					
18.	Within 2 years before you filed for bank transferred in the ordinary course of you include both outright transfers and transfer include gifts and transfers that you have a second or transfer include gifts and transfers that you have a second or transfer include gifts and transfers that you have a second or transfer include gifts and transfers that you have a second or transfer include gifts and t	our busine rs made a	ess or financial affairs? as security (such as the granting of a se							
	Yes. Fill in the details.									
	Person Who Received Transfer Address		Description and value of property transferred		iny property or received or debts change	Date transfer was made				
	Person's relationship to you			•	J					

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Debtor 1 Emma A Ellis-Omane

19.	Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary? (These are often called asset-protection devices.)  No  Yes. Fill in the details.										
		me of trust	Description and v	alue of the pro	perty trans	sferred	Date Transfer	was			
							made				
Pai	t 8:	List of Certain Financial Accounts, Ins	truments, Safe Deposit	Boxes, and St	torage Unit	s					
20.	solo Incl	hin 1 year before you filed for bankruptcy d, moved, or transferred? ude checking, savings, money market, o uses, pension funds, cooperatives, assoc No Yes. Fill in the details.	r other financial accour	nts; certificates	s of deposi						
			Loot 4 digito of	Type of coop		Data account was	Last bal	lanaa			
		me of Financial Institution and dress (Number, Street, City, State and ZIP le)	account number	t 4 digits of Type of account or closed, sold, moved, or transferred				ng or nsfer			
21.	Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables?										
	■ No										
		me of Financial Institution dress (Number, Street, City, State and ZIP Code)		Address (Number, Street, City,		the contents	Do you still have it?				
22.	Hav	Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy?									
		No									
		Yes. Fill in the details.									
		me of Storage Facility dress (Number, Street, City, State and ZIP Code)	to it?	Address (Number, Street, City,				I			
Pai	t 9:	Identify Property You Hold or Control (	for Someone Else								
23.	Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone.										
		No Yes. Fill in the details.									
		/ner's Name dress (Number, Street, City, State and ZIP Code)	Where is the prop (Number, Street, City, S Code)		Describe	the property	\	Value			
Paı	t 10:	Give Details About Environmental Info	rmation								
or	the p	ourpose of Part 10, the following definition	ons apply:								
	toxi	vironmental law means any federal, state, ic substances, wastes, or material into the	e air, land, soil, surface	e water, ground	• .			us or			

- regulations controlling the cleanup of these substances, wastes, or material.
- Site means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.
- Hazardous material means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term.

Report all notices, releases, and proceedings that you know about, regardless of when they occurred.

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Debtor 1 Emma A Ellis-Omane

24.	Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law?  No									
	Yes. Fill in the details.									
	Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State an ZIP Code)	Environmental law, if you know it	Date of notice						
25.	Have you notified any governmental unit of a	ny release of hazardous material?								
	■ No □ Yes. Fill in the details.									
	Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State an ZIP Code)	Environmental law, if you know it	Date of notice						
26.	Have you been a party in any judicial or admi	nistrative proceeding under any env	ironmental law? Include settlements	and orders.						
	■ No □ Yes. Fill in the details.									
	Case Title Case Number	Court or agency Name Address (Number, Street, City, State and ZIP Code)	Nature of the case	Status of the case						
Par	111: Give Details About Your Business or Co	onnections to Any Business								
27.	Within 4 years before you filed for bankruptc	y, did you own a business or have ar	ny of the following connections to any	y business?						
	☐ A sole proprietor or self-employed in	a trade, profession, or other activity	, either full-time or part-time							
	☐ A member of a limited liability compa	ny (LLC) or limited liability partnersh	nip (LLP)							
	☐ A partner in a partnership									
	☐ An officer, director, or managing exec	cutive of a corporation								
	☐ An owner of at least 5% of the voting	or equity securities of a corporation								
	■ No. None of the above applies. Go to Pa	rt 12.								
	☐ Yes. Check all that apply above and fill in	n the details below for each busines	S.							
	Address	Describe the nature of the business  Name of accountant or bookkeeper	Employer Identification numbe Do not include Social Security							
	(	Name of accountant of bookkeeper	Dates business existed							
28.	Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties.									
	■ No									
	Yes. Fill in the details below.									
	Name Address (Number, Street, City, State and ZIP Code)  Date Issued									

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Debtor 1 Emma A Ellis-Omane

Part 12: Sign Below	read the answers on this <i>Statement of Financial Affairs</i> and any attachments, and I declare under penalty of perjury that the answers e and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both.  C. §§ 152, 1341, 1519, and 3571.  Inma A Ellis-Omane  Signature of Debtor 2			
are true and correct. I understand that ma	king a false statement, concealing property, or ok	btaining money or property by fraud in connection		
/s/ Emma A Ellis-Omane				
Emma A Ellis-Omane	Signature of Debtor 2			
Signature of Debtor 1				
Date March 27, 2018	Date			
Did you attach additional pages to Your S	tatement of Financial Affairs for Individuals Filing	g for Bankruptcy (Official Form 107)?		
■ No		, , , , , , , , , , , , , , , , , , , ,		
☐ Yes				
Did you pay or agree to pay someone who	o is not an attorney to help you fill out bankruptcy	r forms?		
■ No				
☐ Yes. Name of Person . Attach the	Bankruptcy Petition Preparer's Notice, Declaration, a	nd Signature (Official Form 119).		

Case 18-10824-BFK Doc 19 Filed 03/27/18 Entered 03/27/18 20:55:45 Desc Main Document Page 28 of 40 United States Bankruptcy Court

Eastern	District	of Vir	oinia
Lastern	DISHICL	OI V II	giiiia

In re	Emma A Ellis-Omane		Case No. Chapter	18-10824	
		Debtor(s)	Chapter	13	

	DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR
1.	Pursuant to 11 U.S.C. § 329(a) and Bankruptcy Rule 2016(b), I certify that I am the attorney for the above-named debtor(s) and that compensation paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:
	For legal services, I have agreed to accept \$ 3,500.00
	Prior to the filing of this statement I have received \$ 1,000.00
	Balance Due\$ <b>2,500.00</b>
2.	The source of the compensation paid to me was:  Debtor    Other (specify)
3.	The source of compensation to be paid to me is:
	$\blacksquare  \text{Debtor}   \Box  \text{Other} \left( specify \right)$
4.	■ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.
	☐ I have agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation, is attached.
5.	In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:  a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;  b. Preparation and filing of any petition, schedules, statement of affairs and plan which may be required;  c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;  d. Representation of the debtor in adversary proceedings and other contested bankruptcy matters;  e. Other provisions as needed:  Negotiations with secured creditors to reduce to market value; exemption planning; preparation and filing of reaffirmation agreements and applications as needed; preparation and filing of motions pursuant to 11 USC 522(f)(2)(A) for avoidance of liens on household goods.
6.	By agreement with the debtor(s), the above-disclosed fee does not include the following services:  Representation of the debtors in any dischargeability actions, judicial lien avoidances, relief from stay actions or any other adversary proceeding.

Case 18-10824-BFK Doc 19 Filed 03/27/18 Entered 03/27/18 20:55:45 Desc Main Document Page 29 of 40 CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

March 27, 2018	/s/ Nathan Fisher
Date	Nathan Fisher 37161
	Signature of Attorney
	Nathan Fisher
	Name of Law Firm
	3977 Chain Bridge Rd., Suite #2
	Fairfax, VA 22030

For use in Chapter 13 Cases where Fees Requested Not in Excess of \$5,223 (For all Cases Filed on or after 01/01/2018)

(703) 691-1642

# NOTICE TO DEBTOR(S), STANDING CHAPTER 13 TRUSTEE AND UNITED STATES TRUSTEE PURSUANT TO LOCAL BANKRUPTCY RULE 2016-1(C) AND CLERK'S CM/ECF POLICY 9

Notice is hereby given that pursuant to Local Bankruptcy Rule 2016-1(C), you must file an objection with the court to the fees requested in this disclosure of compensation opposing said fees in their entirety, or in a specific amount, no later than the last day for filing objections to confirmation of the chapter 13 plan.

#### PROOF OF SERVICE

The undersigned hereby certifies that on this date the foregoing Notice was served upon the debtor(s), the standing Chapter 13 trustee, and U. S. trustee pursuant to Local Bankruptcy Rule 2016-1(C) and the Clerk's CM/ECF Policy 9, either electronically or in paper form (first class mail).

March 27, 2018	/s/ Nathan Fisher	
Date	Nathan Fisher 37161	
	Signature of Attorney	
	Signature of Interney	

Fill in this information to identify your case:								
Debtor 1	Debtor 1 Emma A Ellis-Omane							
Debtor 2 (Spouse, if filling)								
United States E	Bankruptcy Court for the: Eastern District of Virginia							
Case number (if known)	18-10824							

Check as directed in lines 17 and 21:  According to the calculations required by this Statement:									
•	2. Disposable income is determined under 11 U.S.C. § 1325(b)(3).								
3. The commitment period is 3 years.									
	4. The commitment period is 5 years.								

☐ Check if this is an amended filing

### Official Form 122C-1

## **Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known).

#### Calculate Your Average Monthly Income Part 1: 1. What is your marital and filing status? Check one only. □ Not married. Fill out Column A, lines 2-11. ■ Married. Fill out both Columns A and B. lines 2-11. Fill in the average monthly income that you received from all sources, derived during the 6 full months before you file this bankruptcy case. 11 U.S.C. § 101(10A). For example, if you are filing on September 15, the 6-month period would be March 1 through August 31. If the amount of your monthly income varied during the 6 months, add the income for all 6 months and divide the total by 6. Fill in the result. Do not include any income amount more than once. For example, if both spouses own the same rental property, put the income from that property in one column only. If you have nothing to report for any line, write \$0 in the space. Column A Column B Debtor 1 Debtor 2 or non-filing spouse 2. Your gross wages, salary, tips, bonuses, overtime, and commissions (before all 3,495.00 0.00 payroll deductions). Alimony and maintenance payments. Do not include payments from a spouse if 0.00 0.00 Column B is filled in. All amounts from any source which are regularly paid for household expenses of you or your dependents, including child support. Include regular contributions from an unmarried partner, members of your household, your dependents, parents, and roommates. Do not include payments from a spouse. Do not include payments 0.00 0.00 you listed on line 3. Net income from operating a Debtor 1 Debtor 2 business, profession, or farm Gross receipts (before all 9,429.50 0.00 deductions) Ordinary and necessary 0.00 -\$ 5,138.00 operating expenses Net monthly income from a Copy 0.00 \$ 4,291.50 here -> \$ 0.00 4,291.50 business, profession, or farm 6. Net income from rental and other real property Debtor 1 \$ 0.00 Gross receipts (before all deductions) 0.00 -\$ Ordinary and necessary operating expenses 0.00 Copy here -> \$ 0.00 0.00 Net monthly income from rental or other real property

Official Form 122C-1 Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period

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18-10824

Case number (if known)

Column A Column B Debtor 1 Debtor 2 or non-filing spouse 0.00 0.00 7. Interest, dividends, and royalties 8. Unemployment compensation 0.00 0.00 Do not enter the amount if you contend that the amount received was a benefit under the Social Security Act. Instead, list it here: For you\_\_\_\_\_ 0.00 For your spouse 0.00 9. Pension or retirement income. Do not include any amount received that was a 0.00 0.00 benefit under the Social Security Act. 10, Income from all other sources not listed above. Specify the source and amount. Do not include any benefits received under the Social Security Act or payments received as a victim of a war crime, a crime against humanity, or international or domestic terrorism. If necessary, list other sources on a separate page and put the total below. 0.00 0.00 0.00 0.00 Total amounts from separate pages, if any. \$ 0.00 0.00 11. Calculate your total average monthly income. Add lines 2 through 10 for 3,495.00 4,291.50 7,786.50 each column. Then add the total for Column A to the total for Column B. Total average monthly income Part 2: **Determine How to Measure Your Deductions from Income** 12. Copy your total average monthly income from line 11. 7.786.50 13. Calculate the marital adjustment. Check one: ☐ You are not married. Fill in 0 below. You are married and your spouse is filing with you. Fill in 0 below. You are married and your spouse is not filing with you. Fill in the amount of the income listed in line 11, Column B, that was NOT regularly paid for the household expenses of you or your dependents, such as payment of the spouse's tax liability or the spouse's support of someone other than you or your dependents. Below, specify the basis for excluding this income and the amount of income devoted to each purpose. If necessary, list additional adjustments on a separate page. If this adjustment does not apply, enter 0 below. 0.00 0.00 Copy here=> 7,786.50 14. Your current monthly income. Subtract line 13 from line 12. 15. Calculate your current monthly income for the year. Follow these steps: 7,786.50 15a. Copy line 14 here=> Multiply line 15a by 12 (the number of months in a year). **x** 12 93,438.00 15b. The result is your current monthly income for the year for this part of the form.

**Emma A Ellis-Omane** 

Debtor 1

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Emma A Ellis-Omane 18-10824 Debtor 1 Case number (if known) 16. Calculate the median family income that applies to you. Follow these steps: 16a. Fill in the state in which you live. VA 16b. Fill in the number of people in your household. 3 16c. Fill in the median family income for your state and size of household. 85.194.00 To find a list of applicable median income amounts, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office. 17. How do the lines compare? Line 15b is less than or equal to line 16c. On the top of page 1 of this form, check box 1, Disposable income is not determined under 11 U.S.C. § 1325(b)(3). Go to Part 3. Do NOT fill out Calculation of Your Disposable Income (Official Form 122C-2). Line 15b is more than line 16c. On the top of page 1 of this form, check box 2, Disposable income is determined under 11 U.S.C. § 17b. 1325(b)(3). Go to Part 3 and fill out Calculation of Your Disposable Income (Official Form 122C-2). On line 39 of that form, copy your current monthly income from line 14 above. Part 3: Calculate Your Commitment Period Under 11 U.S.C. § 1325(b)(4) 18. Copy your total average monthly income from line 11. \$ 7.786.50 19. Deduct the marital adjustment if it applies. If you are married, your spouse is not filing with you, and you contend that calculating the commitment period under 11 U.S.C. § 1325(b)(4) allows you to deduct part of your spouse's income, copy the amount from line 13. 0.00 19a. If the marital adjustment does not apply, fill in 0 on line 19a. 7,786.50 19b. Subtract line 19a from line 18. \$ 20. Calculate your current monthly income for the year. Follow these steps: 7,786.50 20a. Copy line 19b Multiply by 12 (the number of months in a year). **x** 12 93,438.00 \$ 20b. The result is your current monthly income for the year for this part of the form 85,194.00 20c. Copy the median family income for your state and size of household from line 16c \$ 21. How do the lines compare? Line 20b is less than line 20c. Unless otherwise ordered by the court, on the top of page 1 of this form, check box 3, The commitment period is 3 years. Go to Part 4. Line 20b is more than or equal to line 20c. Unless otherwise ordered by the court, on the top of page 1 of this form, check box 4, The commitment period is 5 years. Go to Part 4. Part 4: Sign Below By signing here, under penalty of perjury I declare that the information on this statement and in any attachments is true and correct. X /s/ Emma A Ellis-Omane **Emma A Ellis-Omane** Signature of Debtor 1 Date March 27, 2018

If you checked 17b, fill out Form 122C-2 and file it with this form. On line 39 of that form, copy your current monthly income from line 14 above.

If you checked 17a, do NOT fill out or file Form 122C-2.

MM / DD / YYYY

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								_							
Fill in	this info	ormation to i	dentify you	ur case:											
Debtor	1	Emma A I	Ellis-Oma	ne											
Debtor (Spous	· 2 se, if filin	g)													
United	States E	Bankruptcy Co	ourt for the:	Eastern	District of \	/irginia									
Case r	number wn)	18-10824								☐ Che	eck if t	his is	an ame	nded	filing
	Pter	<sup>22C-2</sup> 13 Calo	culatio	n of Y	our D	ispos	able I	ncon	ne						04/1
		form, you wi Pe <i>riod</i> (Offici			ed copy of	Chapter 1	3 Statem	ent of Y	our Curre	ent Montl	hly Inc	ome a	nd Calc	ulatio	ı of
space i	is nėede	e and accura ed, attach a s es, write you	eparate sh	eet to this	form, Incl	ude the lin									
Part 1	Ca	Iculate Your	Deduction	s from You	ur Income										
the	questio	I Revenue Sens in lines 6- may also be	-15. To find	the IRS st	tandards, ç	go online ι	using the								
expe	enses if t	expense amou they are highed d do not dedu	er than the	standards. I	Do not inclu	ude any op	erating ex	penses t	that you s	ubtracted	from i	ncome			
If yo	ur exper	nses differ fro	m month to	month, ent	ter the aver	rage expen	se.								
Note	e: Line n	umbers 1-4 a	re not used	in this form	n. These nu	ımbers app	ly to infor	mation re	equired by	/ a similaı	form (	used in	chapter	7 case	es.
5.	The nu	mber of peo	ple used in	determini	ing your de	eductions	from inc	ome							
	plus the	ne number of e number of a nber of people	ny addition	al dependei									3		
Nati	ional Sta	andards	You m	ust use the	e IRS Natio	nal Standa	rds to ans	wer the o	questions	in lines 6	-7.				
6.		clothing, and rds, fill in the						d in line	5 and the	IRS Natio	onal		\$		1,378.00
7.	the doll	pocket healt ar amount for who are 65 o	r out-of-poc	ket health c	care. The n	umber of p	eoplé is s	olit into tv	wo catego	riespeo	ple wh	o are u	nder 65	and	

higher than this IRS amount, you may deduct the additional amount on line 22.

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Document Page 34 of 40 Emma A Ellis-Omane 18-10824 Debtor 1 Case number (if known) People who are under 65 years of age 7a. Out-of-pocket health care allowance per person 7b. Number of people who are under 65 3 7c. Subtotal. Multiply line 7a by line 7b. 147.00 Copy here=> 147.00 People who are 65 years of age or older 7d. Out-of-pocket health care allowance per person 117 7e. Number of people who are 65 or older 0 0.00 7f. Subtotal. Multiply line 7d by line 7e. 0.00 Copy here=> 7g. Total. Add line 7c and line 7f 147.00 147.00 Copy total here=> Local Standards You must use the IRS Local Standards to answer the guestions in lines 8-15. Based on information from the IRS, the U.S. Trustee Program has divided the IRS Local Standard for housing for bankruptcy purposes into two parts: Housing and utilities - Insurance and operating expenses Housing and utilities - Mortgage or rent expenses To answer the questions in lines 8-9, use the U.S. Trustee Program chart. To find the chart, go online using the link specified in the separate instructions for this form. This chart may also be available at the bankruptcy clerk's office. Housing and utilities - Insurance and operating expenses: Using the number of people you entered in line 5, fill 591.00 in the dollar amount listed for your county for insurance and operating expenses. Housing and utilities - Mortgage or rent expenses: 9a. Using the number of people you entered in line 5, fill in the dollar amount 2,000.00 listed for your county for mortgage or rent expenses. 9b. Total average monthly payment for all mortgages and other debts secured by your home. To calculate the total average monthly payment, add all amounts that are contractually due to each secured creditor in the 60 months after you file for bankruptcy. Next divide by 60. Name of the creditor Average monthly payment **Wells Fargo Home Mortgage** 3,072.00 Copy Repeat this amount 3,072.00 9b. Total average monthly payment 3.072.00 here=> on line 33a. 9c. Net mortgage or rent expense. Subtract line 9b (total average monthly payment) from line 9a (mortgage Copy 0.00 0.00 or rent expense). If this number is less than \$0, enter \$0. here=>

Explain why:

10. If you claim that the U.S. Trustee Program's division of the IRS Local Standard for housing is incorrect and

affects the calculation of your monthly expenses, fill in any additional amount you claim.

0.00

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Emma A Ellis-Omane Case number (if known) 18-10824 Debtor 1 11. Local transportation expenses: Check the number of vehicles for which you claim an ownership or operating expense. ☐ 0. Go to line 14. ☐ 1. Go to line 12. 2 or more. Go to line 12. 12. Vehicle operation expense: Using the IRS Local Standards and the number of vehicles for which you claim the 490.00 operating expenses, fill in the Operating Costs that apply for your Census region or metropolitan statistical area. 13. Vehicle ownership or lease expense: Using the IRS Local Standards, calculate the net ownership or lease expense for each vehicle below. You may not claim the expense if you do not make any loan or lease payments on the vehicle. In addition, you may not claim the expense for more than two vehicles. Vehicle 1 **Describe Vehicle 1:** 13a. Ownership or leasing costs using IRS Local Standard..... 0.00 13b. Average monthly payment for all debts secured by Vehicle 1. Do not include costs for leased vehicles. To calculate the average monthly payment here and on line 13e, add all amounts that are contractually due to each secured creditor in the 60 months after you file for bankruptcy. Then divide by 60. Average monthly Name of each creditor for Vehicle 1 payment -NONE-Repeat this Copy amount on Total Average Monthly Payment 0.00 0.00 here => Copy net 13c. Net Vehicle 1 ownership or lease expense Vehicle 1 Subtract line 13b from line 13a. if this number is less than \$0, enter \$0. ..... expense here 0.00 0.00 Vehicle 2 Describe Vehicle 2: 13d. Ownership or leasing costs using IRS Local Standard..... 0.00 13e. Average monthly payment for all debts secured by Vehicle 2. Do not include costs for leased vehicles. Name of each creditor for Vehicle 2 Average monthly payment -NONE-Сору Repeat this here amount on line Total average monthly payment 0.00 0.00 13f. Net Vehicle 2 ownership or lease expense Copy net Vehicle 2 Subtract line 13e from line 13d. if this number is less than \$0, enter \$0. ..... expense here 0.00 0.00 14. Public transportation expense: If you claimed 0 vehicles in line 11, using the IRS Local Standards, fill in the 0.00 Public Transportation expense allowance regardless of whether you use public transportation. 15. Additional public transportation expense: If you claimed 1 or more vehicles in line 11 and if you claim that you may also deduct a public transportation expense, you may fill in what you believe is the appropriate expense, but you may

0.00

not claim more than the IRS Local Standard for Public Transportation.

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Debtor 1 Emma A Ellis-Omane Case number (if known) 18-10824

Oth	er Necessary Expenses	In addition to the expense the following IRS categori		ns listed above	, you are allowed your monthly expenses	for		
16.	Taxes: The total monthly amount that you will actually pay for federal, state and local taxes, such as income taxes, self-employment taxes, social security taxes, and Medicare taxes. You may include the monthly amount withheld from your pay for these taxes. However, if you expect to receive a tax refund, you must divide the expected refund by 12 and subtract that number from the total monthly amount that is withheld to pay for taxes.  Do not include real estate, sales, or use taxes.						630.15	
17.	·	•	ductions t	hat your job re	quires, such as retirement	_		
	contributions, union dues,	Involuntary deductions: The total monthly payroll deductions that your job requires, such as retirement contributions, union dues, and uniform costs.					0.00	
10				-	o1(k) contributions or payroll savings.	\$_	0.00	
10.	<b>Life Insurance:</b> The total monthly premiums that you pay for your own term life insurance. If two married people are filing together, include payments that you make for your spouse's term life insurance.  Do not include premiums for life insurance on your dependents, for a non-filing spouse's life insurance, or for any form of life insurance other than term.						0.00	
19.	<ul> <li>Court-ordered payments: The total monthly amount that you pay as required by the order of a court or administrative agency, such as spousal or child support payments.</li> <li>Do not include payments on past due obligations for spousal or child support. You will list these obligations in line 35.</li> </ul>						0.00	
20.	Education: The total mont	-			_			
	as a condition for your j	ob, or						
	for your physically or me	entally challenged depende	ent child if i	no public educ	ation is available for similar services.	\$	0.00	
21.	<b>Childcare:</b> The total month Do not include payments for				sitting, daycare, nursery, and preschool.	\$	0.00	
22.	2. Additional health care expenses, excluding insurance costs: The monthly amount that you pay for health care that is required for the health and welfare of you or your dependents and that is not reimbursed by insurance or paid by a health savings account. Include only the amount that is more than the total entered in line 7. Payments for health insurance or health savings accounts should be listed only in line 25.							
23.	Optional telephone and to for you and your depender phone service, to the exter income, if it is not reimburs Do not include payments for expenses, such as those re	+\$_	0.00					
24.	24. Add all of the expenses allowed under the IRS expense allowances. Add lines 6 through 23.							
Add	litional Expense Deduction	These are additional Note: Do not include						
25.					nses. The monthly expenses for health ly necessary for yourself, your spouse, o	r		
	Health insurance		\$	725.62				
	Disability insurance		\$	0.00				
	Health savings account		+ \$	0.00				
	Total		\$	725.62	Copy total here=>	\$	725.62	
	Do you actually spend this  No. How much do				J			
	Yes	, r	\$					
26.	continue to pay for the reas	sonable and necessary care of your immediate family v	e and supp vho is unal	oort of an elder ble to pay for s	e actual monthly expenses that you will rly, chronically ill, or disabled member of such expenses. These expenses may 129A(b)	\$	0.00	
	continue to pay for the reas your household or member include contributions to an <b>Protection against family</b>	sonable and necessary card of your immediate family waccount of a qualified ABLE violence. The reasonably	e and supp who is unal program.	oort of an elder ble to pay for s . 26 U.S.C. § 5 monthly expe	rly, chronically ill, or disabled member of such expenses. These expenses may	\$	0.00	

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btor 1	Emma A Ellis-Omane		Case number (if kr	nown)	18-1	0824		
	Additional home energy costs. Your homine 8.	e energy costs are included in your insura	ance and opera	ating	expense	s on		
	If you believe that you have home energy on the fill in the excess amount of home er		costs included	in ex	penses (	on line		
	You must give your case trustee document amount claimed is reasonable and necessa		ust show that th	ne ad	Iditional		\$	0.0
9	<b>Education expenses for dependent children who are younger than 18.</b> The monthly expenses (not more than \$160.42* per child) that you pay for your dependent children who are younger than 18 years old to attend a private or public elementary or secondary school.							
(	You must give your case trustee documentation of your actual expenses, and you must explain why the amount claimed is reasonable and necessary and not already accounted for in lines 6-23.							
4	* Subject to adjustment on 4/01/19, and every 3 years after that for cases begun on or after the date of adjustment.							0.0
ŀ	Additional food and clothing expense. The monthly amount by which your actual food and clothing expenses are higher than the combined food and clothing allowances in the IRS National Standards. That amount cannot be more than 5% of the food and clothing allowances in the IRS National Standards.							
	To find a chart showing the maximum additional allowance, go online using the link specified in the separate instructions for this form. This chart may also be available at the bankruptcy clerk's office.							
`	You must show that the additional amount	claimed is reasonable and necessary.					\$	0.0
	Continuing charitable contributions. The instruments to a religious or charitable orga		te in the form o	f cas	h or fina	ncial		
Ι	Do not include any amount more than 15% of your gross monthly income.						\$	0.0
	Add all of the additional expense deduct Add lines 25 through 31.	ions.					\$_	725.62
Dedu	ctions for Debt Payment							
lo	or debts that are secured by an interest bans, and other secured debt, fill in lines o calculate the total average monthly paym	33a through 33e.						
	reditor in the 60 months after you file for bankruptcy. Then divide by 60.							age monthly
	Mortgages on your home						payn	
33a.	Copy line 9b here					=>	\$	3,072.00
	Loans on your first two vehicles							
33b.	Copy line 13b here					=>	\$	0.00
33c.	Copy line 13e here					=>	\$	0.00
33d.	List other secured debts:							
	e of each creditor for other secured debt					s		
					No			
	-NONE-				Yes		\$	
					No			
					Yes		\$	
					No			
				_				
					Yes	+	\$	
33e	Total average monthly payment. Add lines	s 33a through 33d	\$	3,07	2.00	Copy total here=:	\$	3,072.00

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**Emma A Ellis-Omane** Case number (if known) 18-10824 Debtor 1 34. Are any debts that you listed in line 33 secured by your primary residence, a vehicle, or other property necessary for your support or the support of your dependents? ☐ No. Go to line 35. Yes. State any amount that you must pay to a creditor, in addition to the payments listed in line 33, to keep possession of your property (called the cure amount). Next, divide by 60 and fill in the information below. Name of the creditor Identify property that secures the debt **Total cure amount** Monthly cure amount 14527 General Washington Drive Woodbridge, VA 22193 Prince William **107,322.92**  $\div$  60 = \$ 1.788.72 Wells Fargo Home Mortgage County  $\div 60 = \$$  $\div 60 = +$ \$ Copy total 1.788.72 1.788.72 Total \$ here=> 35. Do you owe any priority claims - such as a priority tax, child support, or alimony - that are past due as of the filing date of your bankruptcy case? 11 U.S.C. § 507. No. Go to line 36. ☐ Yes. Fill in the total amount of all of these priority claims. Do not include current or ongoing priority claims, such as those you listed in line 19. Total amount of all past-due priority claims 0.00 0.00 36. Projected monthly Chapter 13 plan payment Current multiplier for your district as stated on the list issued by the Administrative Office of the United States Courts (for districts in Alabama and North Carolina) or by the Executive Office for United States Trustees (for all other districts). To find a list of district multipliers that includes your district, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office. Copy total here=> Average monthly administrative expense 4.860.72 37. Add all of the deductions for debt payment. Add lines 33e through 36. **Total Deductions from Income** 38. Add all of the allowed deductions. Copy line 24, All of the expenses allowed under IRS 3,236.15 expense allowances Copy line 32, All of the additional expense deductions 725.62 Copy line 37, All of the deductions for debt payment 4,860.72 8,822.49 8,822.49 Copy total here=> \$ Total deductions.....

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**Emma A Ellis-Omane** 18-10824 Case number (if known) Debtor 1 Determine Your Disposable Income Under 11 U.S.C. § 1325(b)(2) Part 2: 39. Copy your total current monthly income from line 14 of Form 122C-1. Chapter 13 7.786.50 Statement of Your Current Monthly Income and Calculation of Commitment Period. 40. Fill in any reasonably necessary income you receive for support for dependent children. The monthly average of any child support payments, foster care payments, or disability payments for a dependent child, reported in Part I of Form 122C-1, that you received in accordance with applicable nonbankruptcy law to the extent reasonably 0.00 necessary to be expended for such child. 41. Fill in all qualified retirement deductions. The monthly total of all amounts that your employer withheld from wages as contributions for qualified retirement plans, as specified in 11 U.S.C. § 541(b)(7) plus all required repayments of loans from retirement plans, as 0.00 specified in 11 U.S.C. § 362(b)(19). 42. Total of all deductions allowed under 11 U.S.C. § 707(b)(2)(A). Copy line 38 here => 8.822.49 43. Deduction for special circumstances. If special circumstances justify additional expenses and you have no reasonable alternative, describe the special circumstances and their expenses. You must give your case trustee a detailed explanation of the special circumstances and documentation for the expenses. Describe the special circumstances Amount of expense Сору 0.00 0.00 Total \$ here=> \$ Copy 44. **Total adjustments.** Add lines 40 through 43. 8.822.49 8,822.49 here=> -\$ -1,035.99 45. Calculate your monthly disposable income under § 1325(b)(2). Subtract line 44 from line 39. Part 3: Change in Income or Expenses 46. Change in income or expenses. If the income in Form 122C-1 or the expenses you reported in this form have changed or are virtually certain to change after the date you filed your bankruptcy petition and during the time your case will be open, fill in the information below. For example, if the wages reported increased after you filed your petition, check 122C-1 in the first column, enter line 2 in the second column, explain why the wages increased, fill in when the increase occurred, and fill in the amount of the increase. Form Line Reason for change Date of change Increase or Amount of change decrease? ☐ 122C-1 ☐ Increase ☐ Decrease □ 122C-2 ☐ 122C-1 ☐ Increase ☐ 122C-2 ☐ Decrease □ 122C-1 ☐ Increase ☐ 122C-2 ☐ Decrease ☐ 122C-1 ☐ Increase ☐ 122C-2 ☐ Decrease

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Debtor 1	Emma A Ellis-Omane	Case number (if known)	18-10824
Part 4:	Sign Below		
	By signing here, under penalty of perjury you declare that the inform	nation on this statement and in any att	achments is true and correct.
X	/s/ Emma A Ellis-Omane Emma A Ellis-Omane Signature of Debtor 1		
Date	March 27, 2018 MM / DD / YYYY		